million. Within the adjunct group, growth factors (at 4.2%) accounted for the largest proportion of the cost increase, while antiemetics (the largest dollar amount) decreased between 1995 and 1998. **CONCLUSION:** Chemotherapy accounted for the majority of the total increase in pharmaceutical cost in-patients with cancer. Drugs used in the treatment of routine conditions (i.e., not cancer-related) were the second largest cost drivers. Supportive therapy was the third largest cost driver. Of the groups studied, chemotherapy adjuncts had the smallest impact on total drug cost increases.

PCN13

MANAGEMENT OF LUNG CANCER IN FRANCE

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OBJECTIVE: To determine treatment patterns and cost associated with the management of lung cancer in France from the perspective of French hospitals by means of a retrospective chart review. **METHODS:** Estimates were based on a retrospective review of medical care consumption in patients diagnosed with either small cell lung cancer (SCLC) or non small cell lung cancer (NSCLC) between 06/98 and 06/99 and followed until 09/99. Quotas were defined by type and stage of lung cancer according to available epidemiological data. Patients were identified at a representative sample of 11 hospital centres in France. Costs were estimated from date of diagnosis until death or 16 months follow-up. Costs were adjusted for censoring by means of a method described by Lin et al. (Biometrics, 1997). **RESULTS:** 439 patient charts were reviewed, including 92 SCLC and 357 NSCLC. Mean age at diagnosis was 62, sex ratio was 82% male, 18% female. Survival at 12 months was 36% for SCLC and ranged between 79% and 32% for NSCLC depending on stage at diagnosis. All patients with limited-stage SCLC received chemotherapy and 84% benefited from radiotherapy. Of patients with disseminated SCLC, 91% received chemotherapy and 49% palliative radiotherapy. Patients with stage I–III NSCLC were treated with surgery (43%), chemotherapy (71%) and/or radiotherapy (73%). Stage IV NSCLC patients had surgery (15%) and/or chemotherapy (91%) and/or radiotherapy (65%). Preliminary analyses indicate that the management of adverse events accounted for more than 25% of the total cost. **CONCLUSION:** Considering the high cost management of adverse events and radiotherapy, new chemotherapy treatments increasing overall survival with acceptable toxicity profile and decreasing radiotherapy acts, would have a significant economic value. Updated results will be presented.

PCN14

THE USE OF TRANSDERMAL FENTANYL (FEN) VERSUS MORPHINE (MOR) IN CANCER PAIN PATIENTS IN ISRAEL

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OBJECTIVES: To study the cost of cancer pain management in the Maccabi database. This database delivers information on diagnosis, treatment and costs. Costs were compared for patients that were on MOR and switched to FEN and costs were assessed relative to total treatment cost. **METHODS:** A selection was made of all cancer patients (N = 1082) treated with strong opioids during 1997–1998. Fifty-two percent were women and average age 62 years. Fifteen percent of the patients had skin cancer and 10% was reported with lung cancer. Patients were divided in four different groups based upon the sequence of strong opioid use: FF is the group that was on FEN, MF was the group that started on MOR but switched to FEN, FM vice versa and MM were on MOR throughout. **RESULTS:** In the MF group significantly fewer infections and abdominal pain were reported by patients after switching to FEN. Also a reduction in drugs used was observed after switching to FEN: laxatives, H2-blockers, anti-emetics, anti-diarrhea, antibiotics, NSAIDs and other pain treatments. The total mean daily drug acquisition cost was 162 New Israelian Shekel (NIS) for the MOR period and 115 NIS while on FEN, a reduction resulting from reduced need for concomittant medication. The cost for pain management accounted for 3.1% (MM) to 6.7% (MF) of the total expenses, indicating the relatively low impact the choice of pain strategy has on total cost. **CONCLUSION:** This database analysis indicates that FEN treatment generates fewer costs compared to MOR treatment in patients switching from MOR to FEN. Without an adequate control group it is difficult to determine whether this reflects resource utilization related to the selected pain treatment or changed medical practice in the course of cancer treatment. Overall the cost of pain management is low relative to the total cost for these patients.

PCN15

A METHODOLOGY FOR IMPLEMENTING QUALITY-ADJUSTED DISEASE FREE SURVIVAL (QADFS) WITH MULTIDIMENSIONAL QUALITY OF LIFE (QoL) INSTRUMENTS IN CANCER TRIALS

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QoL is an important factor in the evaluation of new cancer therapies. Conventional analyses of responses in therapeutic trials fail to account for treatment effects on patient's perception of their health status and their general well being. **OBJECTIVE:** To develop a methodology for